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on summation, like the reflexes. Things that cause pain in common life are such as might well cause the nerve fibers to convey prolonged stimulation to the centers. The physiology of sensation may be conceived thus: Moderate stimuli are received by the end-organs, and the excitations are conveyed in the ordinary sensory tracts (probably the posterior columns of the cord) and do not summate. These tracts are, however, unfitted and inadequate for the excitations that result in pain (stimuli attacking the nerve-fiber itself directly or indirectly), and they are obliged to take others, probably in the gray matter of the cord, where they suffer summation and consequent delay, and cause pain. When the ordinary sensory tracts are useless from disease, moderate sensations are forced to take these other tracts, and so can also summate and cause pain, as in the cases experimented upon. If the gray matter itself were much affected, as in syringomyelia, this could not happen.

*Ueber Wortneubildung bei Geisteskranken.* Dr. BARTELS. 22. Vers. d. Vereins d. Irrenärzte Niedersachsens u. Westfalens. Allg. Zeitschr. f. Psychiatrie, Bd. XLV, H. 5-6.

An interesting detail in some cases of insanity, especially of long-standing paranoia, is the coining of new words. Besides simple misapplication of real words, there are some that are evidently made from words of similar sound, and still others to whose meaning there is no clue. There may be difficulty in finding out the signification of these from the patient, because he is offended at being asked to explain what he is sure are common and proper designations, or because of his suspiciousness. Four cases are given by Bartels, and in three there is abundant illustration of the new words used. One case did not know what some of the strange words meant, had perhaps heard them some time; another said they were revealed to her; a male patient, that they were given or brought to him, or arose through telephonic connections. From these explanations the author concludes that they originated in auditory hallucinations.

*Hallucinations, and the Subjective Sensations of the Sane.* D. HACK TUKE, M. D. Brain, Jan., 1889.

What is the seat of hallucinations? Is it peripheral, as Brewster thought? or central, as Esquirol believed? or is it the optic thalamus, as Ritti would have it? The author shows that none of these theories fits all the cases; there are hallucinations of peripheral origin, and as certainly of central origin, and, as against Ritti, of cortical origin. He discusses those of sight, and gives a number of interesting cases of his own observation, some sane and some insane, whose hallucinations he has been able to study more or less carefully. From a collation of these he arrives at some general means of distinguishing their seat, in substance as follows. Pressing the eye-ball to one side doubles only such things as are external to the eye, and so distinguishes real objects from hallucinations. Déspine, on the contrary, reports an insane patient with an hallucination of the Virgin that could be doubled. This the author does not try to explain, but leaves it as a counter case to those of his own observation. One of his cases, as one of Ball's and the subjects of hypnotic hallucinations secured by Binet and Féré, he regards as a case of illusion; and illusions, having a kernel of reality, behave like real

objects. An after-image on the retina may obscure real objects, moves with the eye, and is projected. If these characteristics are found in an hallucination it involves the retina. Those that do not may occur when the patient is blind and the optic nerves atrophied. The interesting phenomena of the projection of dream images, unilateral hallucinations and those produced by drugs, are touched upon. From suitable experiments with the last, thinks Dr. Tuke, something may yet be learned in regard to their seats, though the results so far have been anything but definite.

*Ueber subjective Gehörswahrnehmungen und deren Behandlung.* Dr. EICHBAUM. Berlin u. Neuwied, 1888. Heuser's Verlag, pp. 32.

The subjective sounds are here treated from the standpoint of the aurist. Those that are really pathological may arise from disease anywhere in the auditory apparatus from the periphery to the cortical centers. Those of origin in the sound-transmitting apparatus are most common, and almost all of them come from too great pressure on the labyrinthic fluid, in an hyperaesthetic condition of the nerve. Those from disease of the outer ear (rare) and of the drum are not apt to be strong or continuous, but some of those from the middle ear (more frequent) become so. Others come from trouble in the labyrinth itself. These are generally loud and accompanied by the symptoms of Ménière's disease. Some arise from focal and general diseases of the brain or auditory nerve, and yet others from drugs and from general states of nervous disturbance, as hysteria and neurasthenia. The author also takes up prognosis and treatment. Here and there in the pamphlet are items of more direct psychological interest, for example, the remark that a man's business is apt to fix the character of the subjective sounds he hears (metal workers hearing hammering, musicians tones, etc.), and that the apparent intensity of the sounds may vary with the time of day and the mood of the patient.

In the *Annal. univers. di Medic. e di Chirurg.*, Vol. 285, April, 1888, Prof. Raggi describes two cases of unilateral hallucination. One was that of an alcoholic man, with delusions of persecution and bilateral hallucinations of sight. His unilateral hallucinations were of hearing and on the left side—noises, and voices defaming and accusing his wife. As these were only heard on that side, he concluded that she had tried to kill him by pouring poison into that ear. The continuous noises would point to peripheral excitation, but no disease could be found. The second case was that of a perfectly sane woman of 70 (earlier in life "nervous" and syphilitic), who for 15 years had had subjective sensations of sight. For about 5 years these were flashes and momentary red glimmers before the left eye. They then appeared before the right eye, at the same time gradually decreasing and finally disappearing from the left, where a cataract was forming. Two years later the cataract was operated upon and the lights returned. They likewise disappeared from the right eye on the formation of a cataract there. Later still the left eye was blinded by chorioiditis, without destroying the sensations, which on the contrary developed at last into hallucinations of landscapes, palaces, persons, animals, etc., all still confined to the left side. In this case a peripheral disturbance probably gave